

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000490

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 42Primary Registration District No. 3007Registrar's No. 514

FILED JAN 22 1962

1. PLACE OF DEATH

a. COUNTY

BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN POPLAR BLUFF

Length of stay in 1b

1 DAY

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION VETERANS ADM. HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY

BUTLER

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN FISKd. STREET
ADDRESS

(If outside, give location)

BOX 692

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

FRED

Middle

(NMI)

Last

LOVELL

4. DATE

OF
DEATH

Month

JANUARY 6, 1962

Day

Year

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

7-26-96

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (City and state or country)

MACOMB, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) YES

(If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DEHYDRATION AND SHOCK.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

INTESTINAL OBSTRUCTION.

DUE TO (c)

INCARCERATED INTERNAL HERNIA.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from January 5, 1962 to January 6, 1962

Death occurred at 11:50 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

DAVID V. MITLER, M.D., Actg. Pathologist, VA Hospital, Poplar Bluff, Mo. 1/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

1-8-62

Shain Memorial

Butler County Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

White's Funeral Home-Fisk, Mo.

1-19-1962

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond L. Duffer

Licensed Embalmer No.

4798

P. O. Address

Berme, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.